

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. DMB 0861-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	1616-6
First Named Inventor	Grady F. Lawrence
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each Inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the Inventor(s) named below to be the original and first Inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ORAL
CARE HYGIENE

the specification of which

(Title of the invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(3) or (f), or 365(b) of any foreign application(s) for patent, Inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, Inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

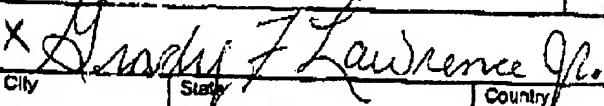
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 31 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/88/01 (06-03)
Approved for use through 07/31/2003. OMB 0651-0032U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no barcodes are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct <input checked="" type="checkbox"/> correspondence to: <input type="checkbox"/> Customer Number: 		OR <input checked="" type="checkbox"/> Correspondence address below
<p>Name: Clifton T. Hunt, Jr.</p> <p>Address: 1100 Averybury Court</p> <p>City: Raleigh State: North Carolina ZIP: 27609</p> <p>Country: USA Telephone: 919 431-9618 Fax: 919 431-9579</p>		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>		
<p>NAME OF SOLE OR FIRST INVENTOR:</p> <p>Given Name (first and middle (if any)): Grady F.</p>		<p><input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <p>Family Name or Surname: Lawrence</p>
<p>Inventor's Signature: </p>		<p>Date: X 11-26-03</p>
Residence: City: Salisbury	State: North Carolina	Country: USA
Mailing Address: 506 West Marsh Street		
City: Salisbury	State: North Carolina	ZIP: 28147
		Country: USA
<p>NAME OF SECOND INVENTOR:</p> <p>Given Name (first and middle (if any)): </p>		<p><input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <p>Family Name or Surname: </p>
<p>Inventor's Signature: </p>		<p>Date: </p>
Residence: City: 	State: 	Country:
Mailing Address: 		
City: 	State: 	ZIP:
		Country:
<p><input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/07A or 02LR attached hereto.</p>		

PTO/SB/61 (08-03)

Approved for use through 11/30/2005, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

Filing Date

First Named Inventor

Title

Grady F. Lawrence Jr.

ORALBENAL HYGIENE

Art Unit

Examiner Name

Attorney Docket Number

1616-6

POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

I hereby appoint:

 Practitioners associated with the Customer Number:

OR

 Practitioner(s) named below:

Name	Registration Number
Clifton T. Hunt	17884

as my, our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

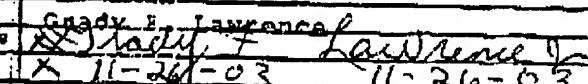
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Clifton T. Hunt, Jr.		
Address			
Address	1100 Avebury Court		
City	Raleigh	State	NC
Country	USA	Zip	27609
Telephone	919 431-9616	Fax	919 431-9579

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 1.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)

SIGNATURE of Applicant or Assignee of Record

Name	Grady F. Lawrence Jr.
Signature	
Date	11-26-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of _____ forms are submitted.

The collection of information is required by 37 CFR 1.31 and 1.33. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Times will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.